

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006686

FILED
Feb 20, 2017
Secretary of State
CC1403105981

Entity Name: HABITAT FOR HUMANITY OF WAKULLA COUNTY,
INCORPORATED

Current Principal Place of Business:

940 SHADEVILLE HWY
CRAWFORDVILLE, FL 32327

Current Mailing Address:

P.O. BOX 1596
CRAWFORDVILLE, FL 32326

FEI Number: 59-3549632

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MACKIN, PEGGY
116 WILDWOOD DRIVE
CRAWFORDVILLE, FL 32327 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PEGGY MACKIN

02/20/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name MACKIN, PEGGY
Address 116 WILDWOOD DR.
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name KEISTER, BEVERLY
Address 100 MONOCOUCPE CIRCLE
City-State-Zip: PANACEA FL 32346

Title DIRECTOR
Name KIRBY, NORMA
Address 117 MONOCOUCPE CIRCLE
City-State-Zip: PANACEA FL 32346

Title DIRECTOR
Name BOLES, LINDA
Address PO BOX 966
City-State-Zip: CRAWFORDVILLE FL 32326

Title DIRECTOR
Name SCHATZMAN, SUSAN
Address 105 HICKORYWOOD DR
City-State-Zip: CRAWFORDVILLE FL 32327

Title PRESIDENT, DIRECTOR
Name OLAH, CHERYL
Address 286 ARRON RD
City-State-Zip: CRAWFORDVILLE FL 32327

Title TREASURER, DIRECTOR
Name STOKLEY, ALICE
Address 255 EDGAR POOLE RDE.
City-State-Zip: CRAWFORDVILLE FL 32327

Title SECRETARY, DIRECTOR
Name EDINGTON, SHARI
Address 16 EVANS AVENUE
City-State-Zip: CRAWFORDVILLE FL 32327

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PEGGY MACKIN

MANAGER

02/20/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STRICKLAND, LARRY
Address PO BOX 473
City-State-Zip: CRAWFORDVILLE FL 32326

Title DIRECTOR
Name LINKA, LESLIE
Address 229 J. K. MOORE RD.
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name BROWN, CLAUDE
Address 113 REHWINKLE RD.
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name STRICKLAND, JOANNE
Address PO BOX 473
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name HOWARD, SHIRLEY
Address PO BOX 1131
City-State-Zip: CRAWFORDVILLE FL 32326

Title DIRECTOR
Name EDINGTON, GARY
Address 16 EVANS AVE.
City-State-Zip: CRAWFORDVILLE FL 32327